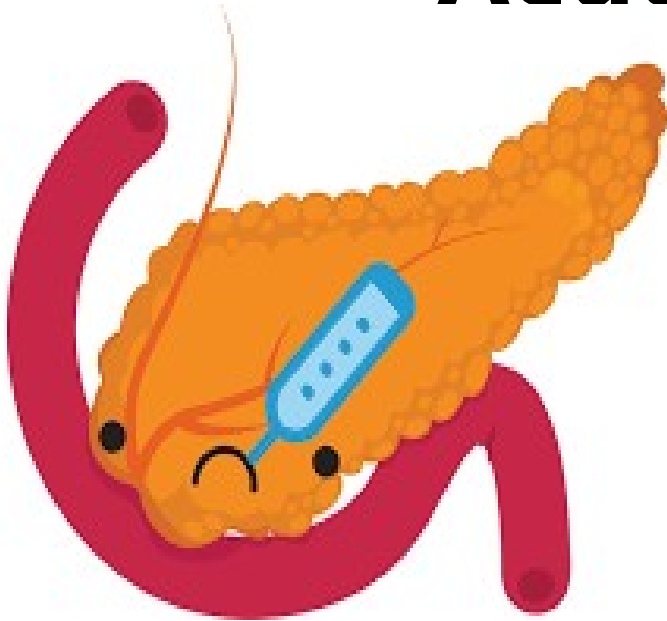




Armed Forces College of Medicine AFCM



Acute and Chronic Pancreatitis



Dr. Riham Abu-Zeid
Prof. of Pathology



By the end of this lecture you will be able to:

- Explain pathology and complications of acute and chronic pancreatitis
- Correlate pathologic features of pancreatitis (acute & chronic) with clinical picture ,investigations and complications

Lecture Plan



1. Part 1 (5min): Define Pancreatitis
2. Part 2 (20 min) : Acute Pancreatitis
3. Part 2 (15 min): Chronic Pancreatitis
4. Lecture Quiz (5 min)

Acute Pancreatitis



Acute Pancreatitis



Def:

- Acute reversible inflammation of pancreas due to_
- **autodigestion** caused by inappropriately activated pancreatic enzymes

C/P:

- Severe upper abdominal pain that radiate to back
- Medical emergency

**Activated
trypsin**

**Activate itself +
Other proenzymes**

**Activates
kinin
>VD?**

**Activation of
factor XII
>>DIC**



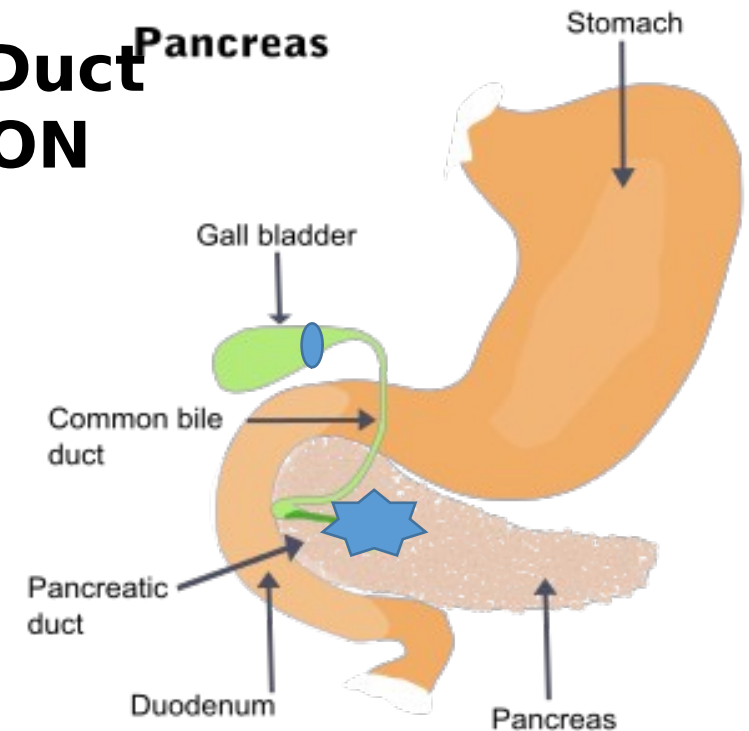
Acute Pancreatitis



Etiologic Factors:

- Gall bladder stones &
- Alcoholism are most common
- Others
 - periampullary neoplasms (obstruction)
 - Drugs
 - Trauma or iatrogenic
 - Vascular eg shock
 - Infections eg mumps
 - Genetic mutations

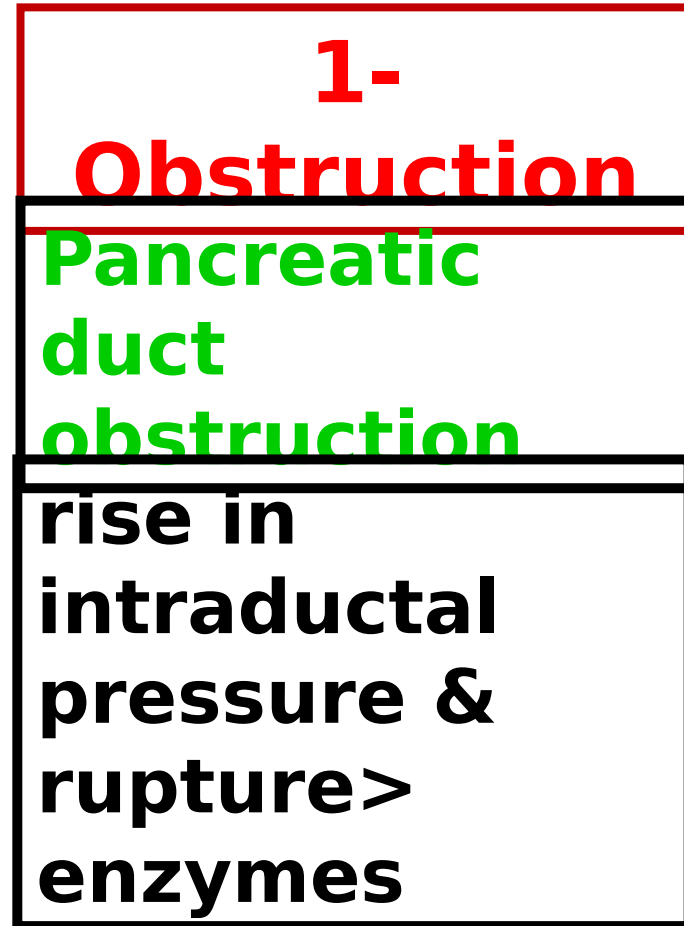
Pancreatic Duct
OBSTRUCTION



Acute Pancreatitis



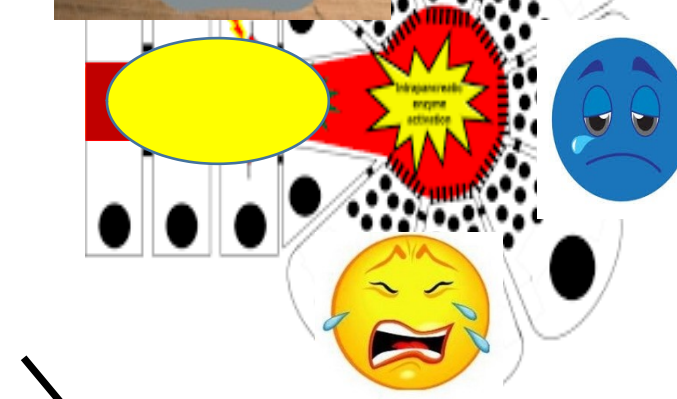
Pathogenesis:



2-Primary Acinar injury

**Ischemia
trauma
Viruses
Drugs**

Premature activation of enzymes



ACINAR CELL INJURY

Acute Pancreatitis



**Trypsin & chymotrypsin
proteolysis**

Local :TISSUE NECROSIS

Systemic :VD & T

Lipase & phospholipase

FAT NECROSIS >

**fatty acids+ CALCIUM >>
(HYPERCALCAEMIA)**



Elastases

**(blood vessels):
HAEMORRHAGE**

EDEMA

INFLAMMATION

**Amylase & lipase: rise in
serum & urine**

Acute Pancreatitis



Pathogenesis Summary:

1-Pancreatic duct obstruction

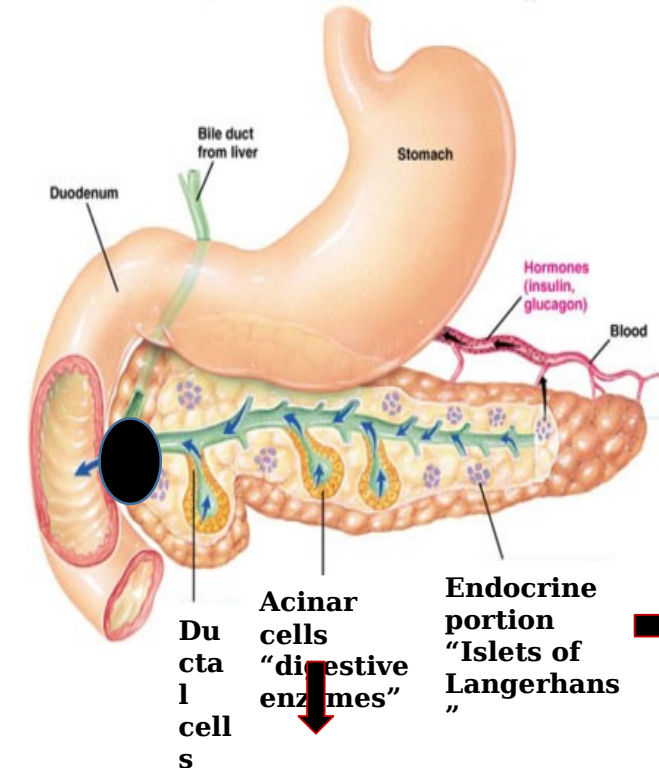
- Rise in intraductal pressure & rupture of ducts release enzymes
- leads to **ACINAR CELL INJURY**

2-Primary Acinar cell injury

- Ischemia -trauma -Viruses-Drugs
- Premature activation of enzymes
- Leads to **ACINAR CELL INJURY**



Activation of other enzymes



Pathogenesis Summary

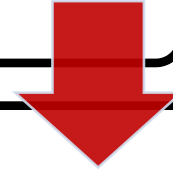
- **Trypsin & chymotrypsin > proteolysis**
 - **Local :TISSUE NECROSIS**
 - **Systemic :VD & Thrombi**
- **Lipase & phospholipase**
 - **FAT NECROSIS liberates fatty acids which binds with CALCIUM >> CALCIFICATION**
- **Elastases (blood vessels):**
 - **HAEMORRHAGE**
 - **EDEMA**
 - **INFLAMMATION**
- **Amylase & lipase: rise in serum & urine**

Acute Pancreatitis

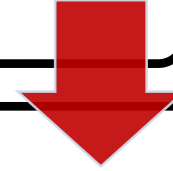


Severity

Acute pancreatitis



**Acute necrotizing
pancreatitis**



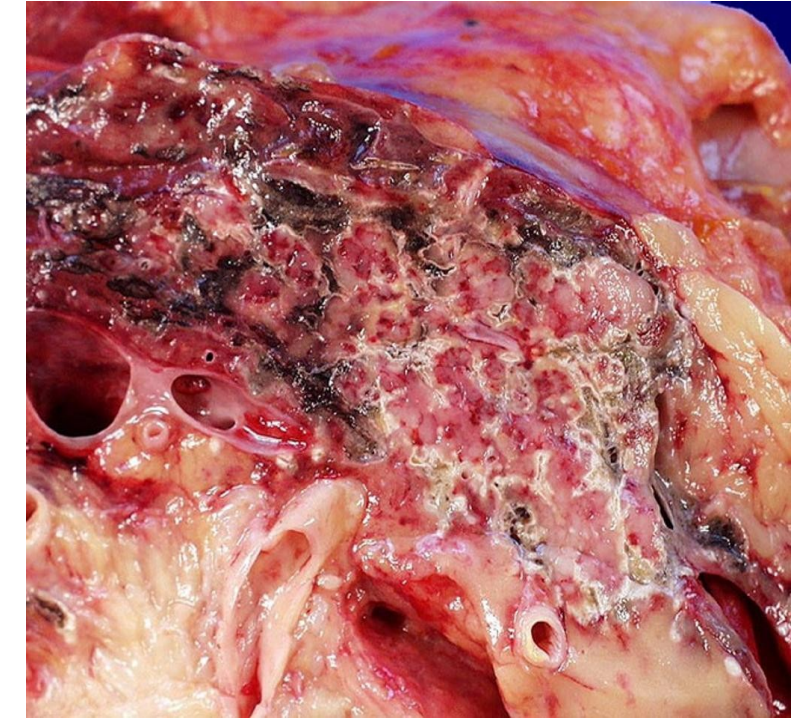
**Acute hemorrhagic
pancreatitis**

Acute Pancreatitis



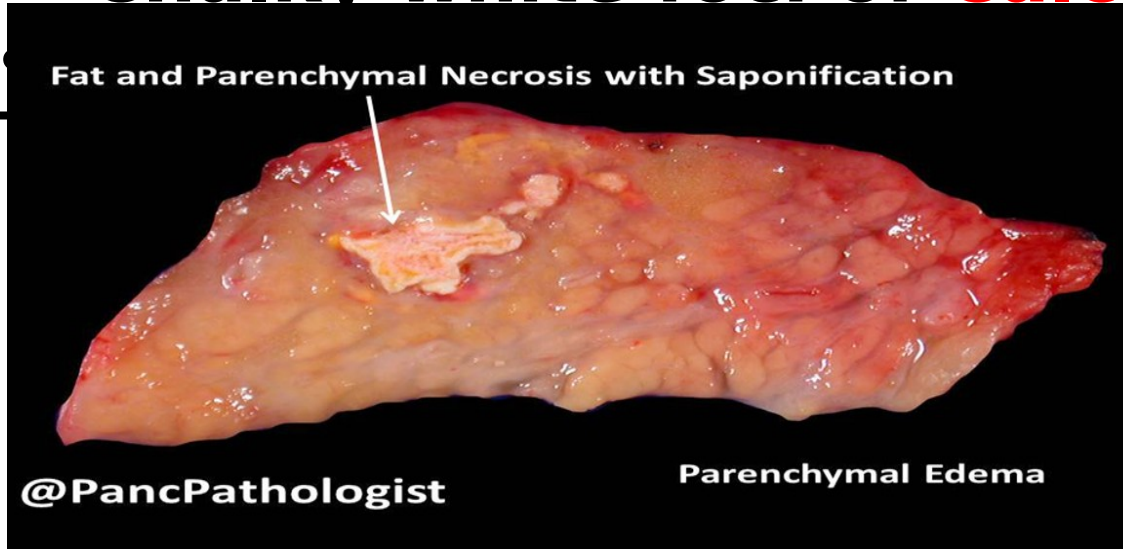
Gross:

- Pancreas is enlarged swollen & oedematous
- Yellowish white areas of **Necrosis**
- Chalky white foci of **Calcification**



chalky white areas of
calcification

<https://pbs.twimg.com/media/CpVIS1DXEAA3KdX.jpg>



Fat and Parenchymal Necrosis with Saponification

@PancPathologist

Parenchymal Edema

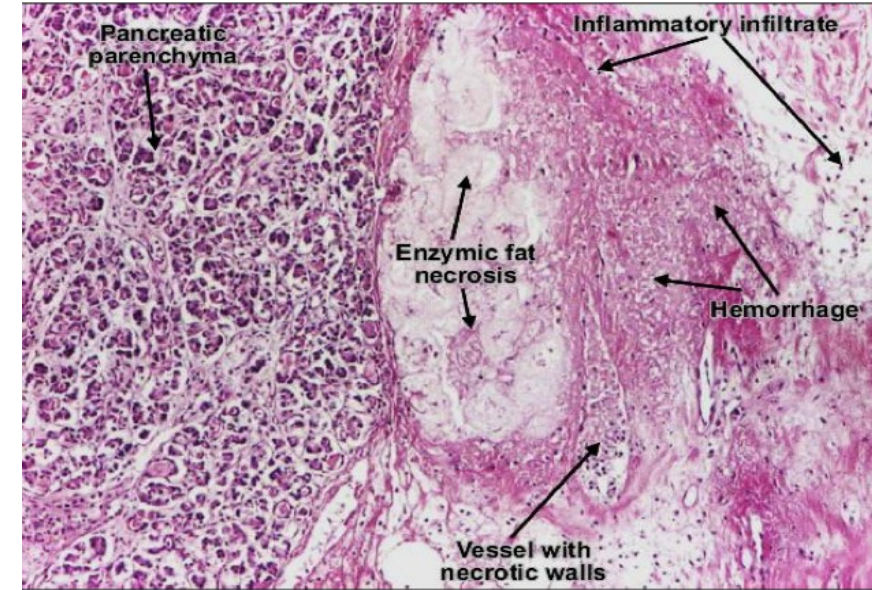
<https://pbs.twimg.com/media/CpVIS1DXEAA3KdX.jpg>

Acute Pancreatitis



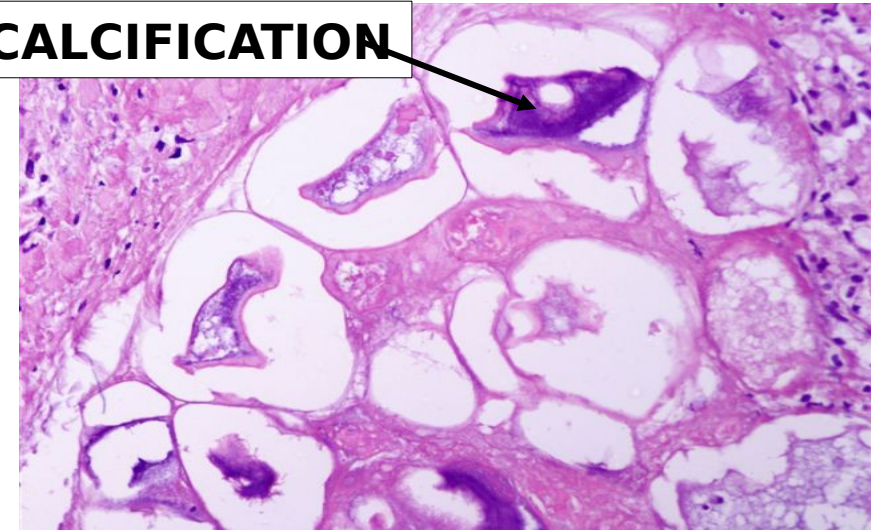
Mic:

- **FAT NECROSIS**
- **Foci of CALCIFICATION (blue foci)**
- **Acute INFLAMMATORY cellular infiltrate**
- **Areas of HAEMORRHAGE & necrosis**



<https://d1yboe6750e2cu.cloudfront.net/i/93a180200659fe1f2fb1365d30b5469d0>

CALCIFICATION

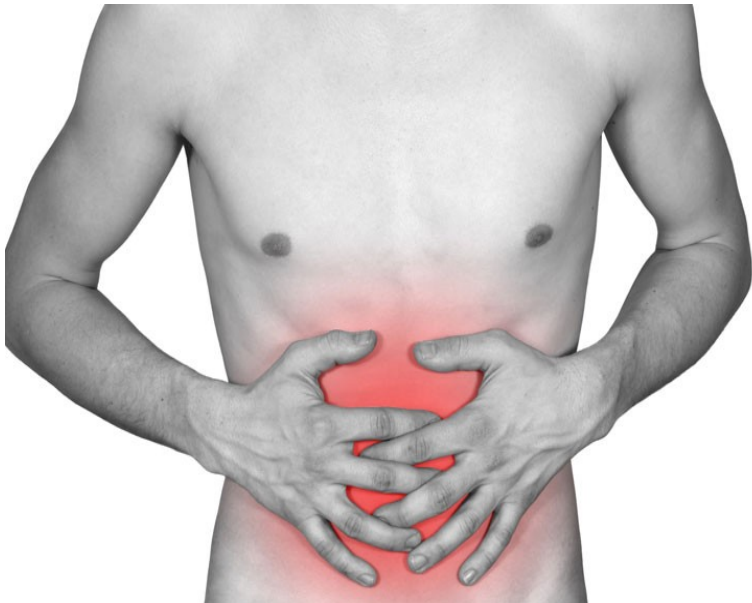


<http://www.pathologyoutlines.com/images/necrosisofpancreas2.jpg>

Acute Pancreatitis



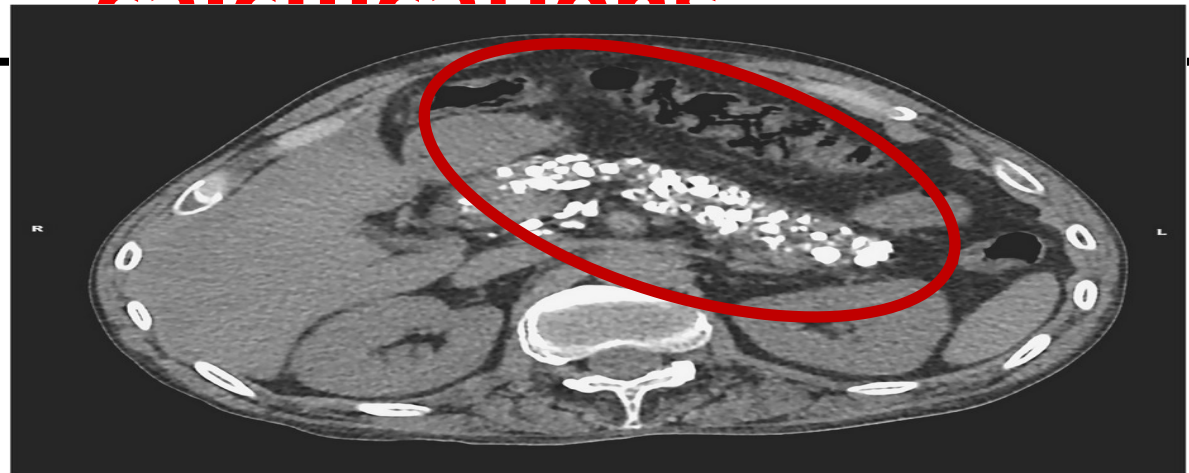
Diagnosis:



**Abdominal pain
radiating to
back**



- **High Serum amylase**
- **High serum lipase**
- **Hypocalcemia**
- **CT & MRI enlarged inflamed pancreas +/- calcifications**

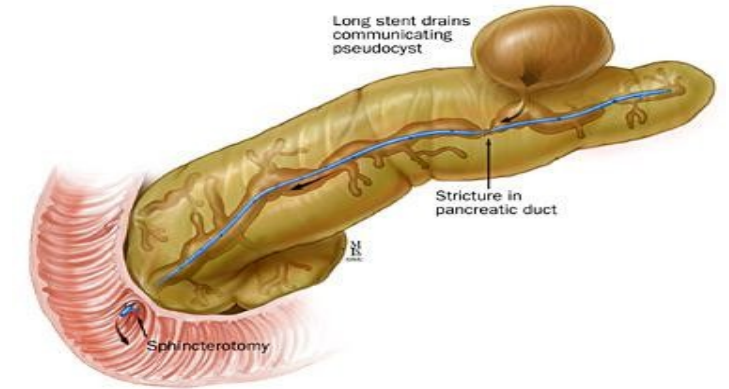


https://www.moh.gov.sa/wp-content/uploads/2019/04/pancreatitis_pain_750-2.jpg

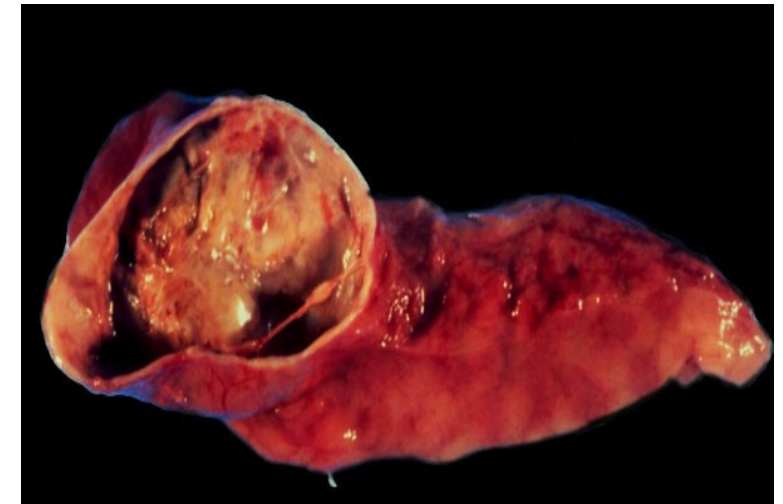
Complications

1-Local :

- **Pseudocyst :**
 - Necrotic material walled off by Fibrous tissue
 - no lining – filled with serous fluid
- **Abscess**



<http://www.digestive-surgery.gr/images3/large/pseudocyst02.jpg>

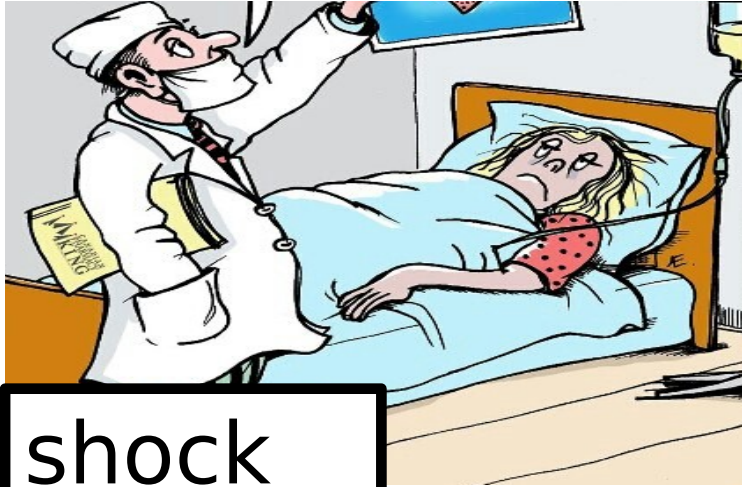


https://www.uaz.edu.mx/histo/pathology/ed/ch_15/c15_s7.jpg

Acute Pancreatitis



2. Systemic complications



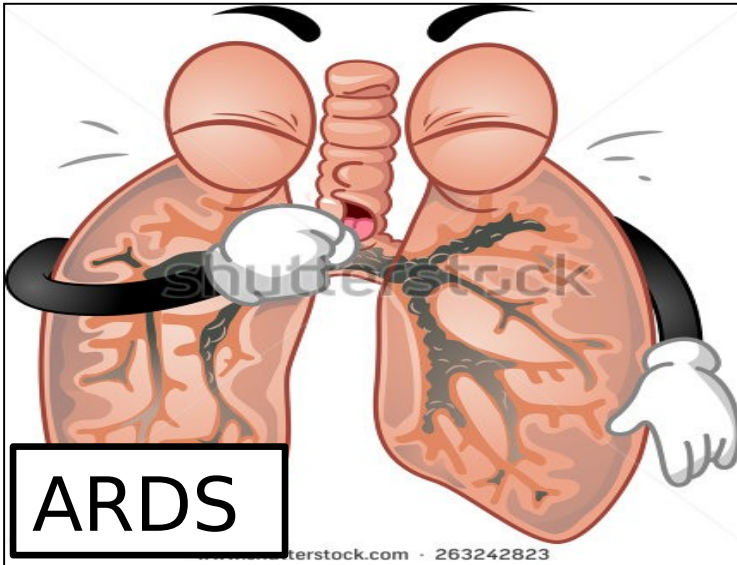
shock



dreamstime.com



DIC



ARDS



Renal failure
ATN



Complications (Cont)

2-Systemic:

systemic release of digestive enzymes & explosive activation of inflammatory (response may be FATAL)

- **Shock** due to activation of kinin system (by trypsin) > marked vasodilatation & increased vascular permeability
- **DIC** (Activation of factor XII) > > **DIC (disseminated intravascular coagulopathy)**
- **Acute respiratory distress syndrome** (due to alveolar capillary injury)

Acute pancreatitis (Quiz)



Match

1. Trypsin & chymotrypsin
locally

a. Hemorrhage

2. Lipase & phospholipase

b. Shock
c. DIC

3. Elastase

a

4. Activation of
kinin system by
trypsin

b

d. Calcification

5. Activation of
Factor XII
by trypsin

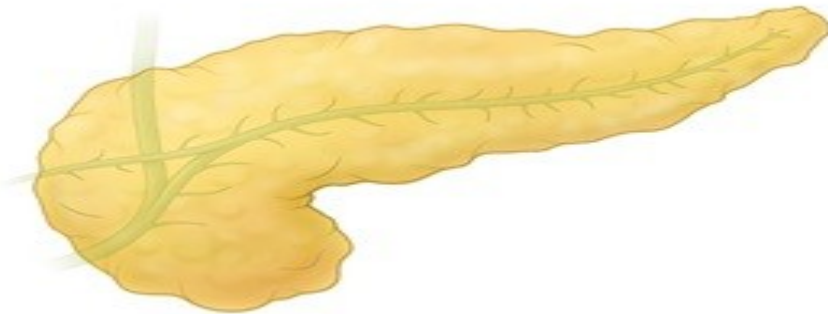
c

e. Tissue
necrosis

Chronic Pancreatitis

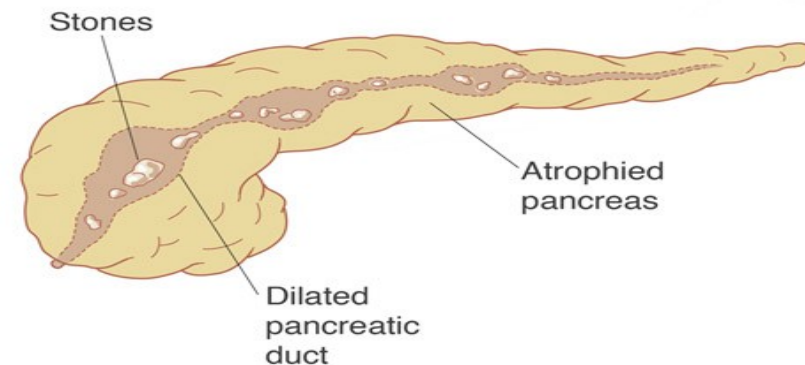


**repeated bout of
inflammation**



http://digestivesystem.weebly.com/uploads/5/2/6/8/52680467/939825_orig.jpg

Leading to
Irreversible
fibrosis &
destruction of



<https://www.thegastrosurgeon.com/images/chronic-pancreatitis-diagram-pancreas.jpg>

Chronic Pancreatitis



Clinical Picture & Complications

- Silent
- Repeated attacks of abdominal pain
- Indigestion & steatorrhea & Wt loss
- **Diabetes mellitus**

Investigations: (loss of islets of Langerhan's)

- **Malignancy**
- **Calcification in CT**
- **Blood sugar ? High**



Abdominal pain +/-

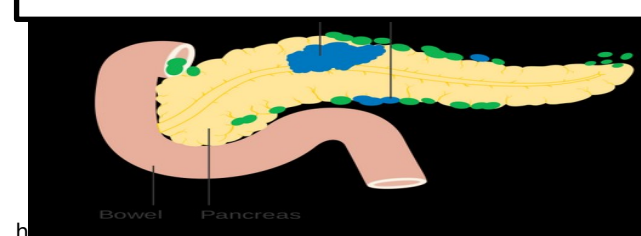


Weight loss



condition cartoon design icon flat vector illustration-colorful-isolated-128749544.jpg

Cancer



https://cdn.clipart.email/a1acb6bb24727f7e609b4ff08565bb33_lifetime-learning-diabetes-self-management-a/a6/
Diagram showing stage T3 cancer of the pancreas CRU K_261.svg/316px-
Diagram showing stage T3 cancer of the pancreas CRU

Chronic Pancreatitis

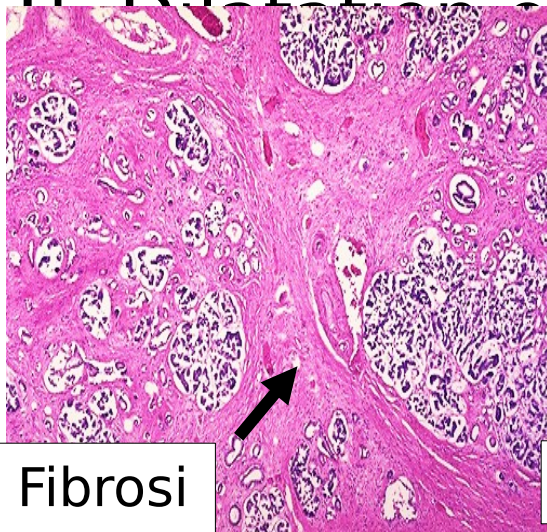


Gross:

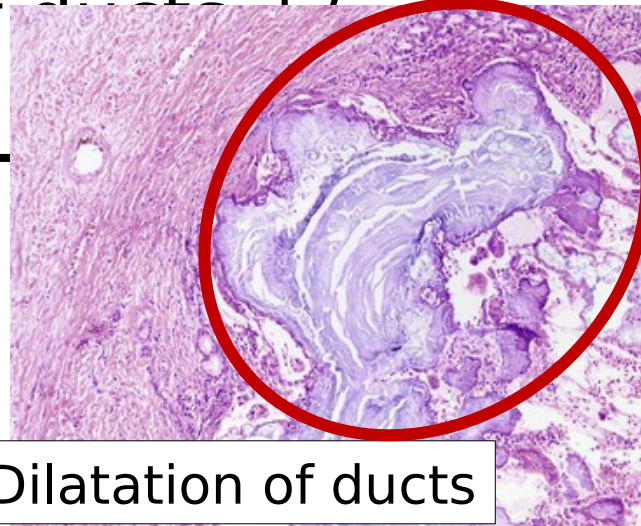
1. Shrunk - Distorted
2. Hard mistaken for malignancy

Mic:

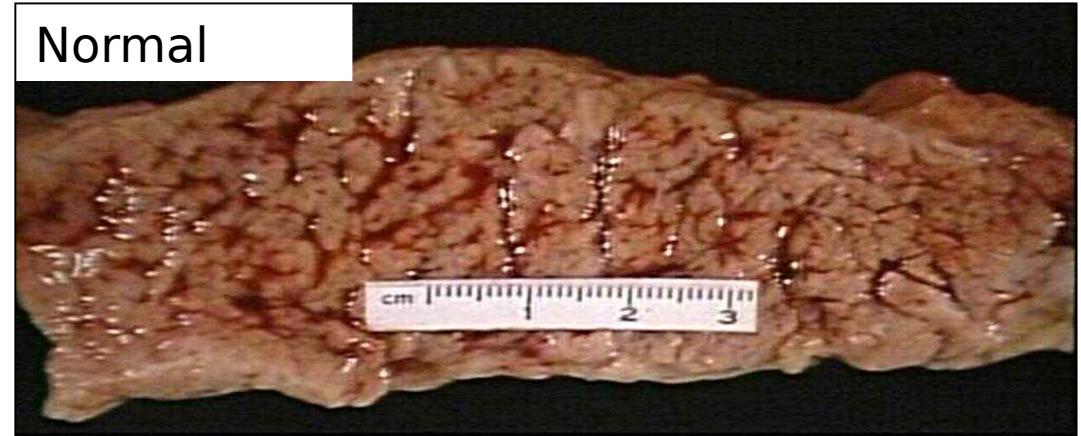
3. Fibrosis
4. Inflammation
5. Dilatation of ducts



Fibrosis



Dilatation of ducts



Normal





Which of the following is expected to be present with acute pancreatitis ?

- a. Low serum amylase
- b. Low serum calcium
- c. Low serum lipase
- d. Leucopenia

Complete :

Microscopic picture of chronic pancreatitis includes.....

GIT & Metabolism module

.....

Pancreatitis (Quiz)



Which of the following is expected to be present with acute pancreatitis ?

- a. Low serum amylase
- b. Low serum calcium**
- c. Low serum lipase
- d. Leucopenia

Complete :

Microscopic picture of chronic pancreatitis includes

Fibrosis -Inflammation -Dilatation of ducts +/- calcification

- Acute pancreatitis :causes- local and systemic effects
- Local effects of acute pancreatitis : Tissue necrosis –Fat necrosis hemorrhage –dystrophic calcification
- Systemic effects : Increased serum amylase and lipase – low calcium
Shock –DIC= Acute renal failure ARDS
- Pathogenesis and mechanism of local and systemic effects of acute pancreatitis

Suggested Textbook



Neil D. Theise. Liver and gall bladder. In Robbins and Cotran
pathologic basis of disease, 10th edition. Kumar, Abbas &
Aster (eds). Elsevier Saunders. Pages 680-690

